



**Office of  
General Services**

**Office of Minority and Women-Owned  
Business Enterprises**

**Design and Construction**

AN ISO 9001:2015 CERTIFIED ORGANIZATION

Office of Minority and Women-Owned Business Enterprises, 29<sup>th</sup> Floor, Corning Tower  
The Governor Nelson A. Rockefeller Empire State Plaza  
Albany, New York 12242

Phone: (518) 486-9284

FAX: (518) 486-9285

## CONSULTANT'S SDVOB UTILIZATION PLAN

☐ Revised

Procurement No.: **SE479**

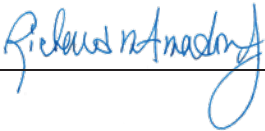

REMINDER: Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization. Send completed responses to [DCSDVOB@ogs.ny.gov](mailto:DCSDVOB@ogs.ny.gov)

(FOR OGS USE ONLY) **SE717**

Contract No.:

Consultant's Name, Address and Federal ID No.: <b>CHA Consulting, Inc.</b> <b>3 Winners Circle</b> <b>Albany, New York 12205</b>  Federal ID No.: <b>16-0966259</b>		Contract Description/Location: <b>Electrical Engineering Services – Term Contract</b>		<b>SDVOB GOAL</b>  <b>6%</b>	
Certified SDVOB Name, Address and Phone No.	Federal ID No.	Description of Sub-consulting Services	Subcontract/Supplier Dollar Value** Not Required for Term Contracts	<b>FOR OGS USE ONLY</b>	SEE BDC 327.1S
<b>Trophy Point, LLC</b> <b>4588 South Park Avenue</b> <b>Blasdell, NY 14219</b> <b>(716) 823-0006</b>	<b>81-48443762</b>	<b>Cost Estimating</b>	<b>TBD</b>		<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

\*\*Not Required for Term Contracts. Participation will be monitored based on work order assignments.

Pursuant to Executive Law Article 17-B, my firm will engage in a good faith effort to achieve the SDVOB goals on this contract.		Consultant's Comments:			
Consultant's Signature: 					
Enter Name: <b>Richard M. Amadon</b>					
Title: <b>Senior Vice President</b>		<b>FOR OGS USE ONLY</b>			
		<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Accepted as Noted <input type="checkbox"/> Notice of Deficiency Issued			
SDVOB % _____ \$ _____					
E-Mail Address: <b>ramadon@chacompanies.com</b>	Date: <b>Jan. 23, 2023</b>	OGS Authorized Signature: 		Enter Name: <b>Joshua Quiles</b>	
				Date: <b>05/19/2023</b>	